



PRINTING SERVICES

U.C.I. PRINT SHOP

PRINTING ORDER

JOB #
Bid #
UNIT PRICE
CLERK
E-Mail Address

FINET CODE				Project	Activity	Program #	PURCHASE ORDER #
FUND	DEPARTMENT	UNIT	APPR UNIT				

CUSTOMER	DIVISION	TODAY'S DATE	NEED JOB BY
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DELIVER TO THIS ADDRESS	CITY	STATE	ZIP (please include)
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ORDERED BY	PHONE	FAX NUMBER	SIGNATURE OF AUTHORIZED AGENT
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JOB TITLE (what you call this form)	SEND PROOF TO (if not ORDERED BY)	TYPE OF PROOF NOTE: Blueline and Color Proofs are extra.	Fax Blueline	E-Mail Color
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Reprint with Changes	New Job	THIS JOB Typeset Camera Ready On a Disk	NUMBER OF PHOTOS _____	WE HAVE Negs Artwork
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FINISHED SIZE	QUANTITY NEEDED	1-SIDED	PMS INK COLOR(S)
		2-SIDED	

TYPE OF PAPER AND BRAND NAME	WEIGHT	COLOR
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[illegible]

COLLATE	PERFORATE PER SAMPLE	FOLD	1/2	tri-fold	as per sample	DRILL	2-hole top	3-hole side
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SCORE PER SAMPLE	BIND	Wrap & Tuck (Receipt Book)	Spiral Bind	Saddle Stitch	Side Stitch	Corner Staple
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NCB	GLUE	TOP	BOTTOM	LEFT	RIGHT	BAD	100%	50%	25%	WITH CHIPBOARD	Tape Tape
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[illegible]

RED INK

NUMBERING	FROM _____	TO _____	POSITION _____	BLACK INK
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PACKAGING	SHRINK WRAP	PAPER WRAP	FORMS PER PACKAGE _____	PACKAGES PER BOX _____
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SPECIAL INSTRUCTIONS

Previous Job # (if known) Instructions on back of this form

Previous 305 if (if known) Instructions on back of this form
 Please DO NOT fill out screened areas UCI 0046

Please DO NOT fill out screened areas
 Attach a sample if possible
 COT 0040
 REV 07/2005

Previous Job # (if known)

Instructions on back of this form
Please DO NOT fill out screened areas
Attach a sample if possible

UCI 0046
REV 07/2005